

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51				1	
2		1					52		1			
3		1					53			1		
4							54			1		
5		1					55			1		
6		1					56			1		
7		1					57			1		
8		1					58			1		
9		1					59			1		
10	1						60			1		
11							61			1		
12		1					62			1		
13							63			1		
14	1						64			1		
15	1						65			1		
16	1						66			1		
17	1						67	1				
18	1						68		1			
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	1						74					
25	1						75					
26	1						76					
27	1						77					
28	1						78					
29	1						79					
30	1						80					
31	1						81					
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1	1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1	1				95					
46			1				96					
47			1				97					
48			1				98					
49			1				99					
50			1				100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					